

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/588252

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1			51			
2			1			52			
3			1			53			
4						54			
5		2				55			
6	1		1			56			
7		1				57			
8		1				58			
9		1				59			
10	1		1			60			
11		1				61			
12		1				62			
13		1				63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
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38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.			3			TOTAL IND.			
TOTAL DEP.			10			TOTAL DEP.			
TOTAL CLAIMS			13			TOTAL CLAIMS			